MAXIMUS Federal Services

Case Number:	CM14-0042757		
Date Assigned:	07/02/2014	Date of Injury:	04/07/2001
Decision Date:	11/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 4/7/2001. No mechanism of injury was provided for review. Patient has a diagnosis of lumbar spondylosis with bilateral lumbar facet pain.Medical reports reviewed. Last report available until 3/5/14.Patient complains of low back pain. Pain is 7/10.Objective exam reveals negative straight leg raise, facet joint provocation positive bilaterally, bilateral sacroiliac region pain, tenderness to bilateral lumbar facets L4-5, L-S1 with moderate muscle spasms. FABER negative.MRI of lumbar spine(2007) reportedly was normal except for mild-moderate facet arthritis at L4-5 and L5-S1.Urine Drug Screen(1/7/14) was consistent with prescribed medications. Medication list include Celebrex, Norco, Senna and Morphine ER.Patient has reportedly been on medications, prior physical therapy, home exercise, median nerve rhizotomy and SI joint injections with minimal improvement in pains. Independent Medical Review is for Morphine ER 30mg #30 with Morphine ER 60mg #30; Celebrex 200mg #30, Norco 10/325 #90 and KW30 Cream #1month. Prior UR on 3/27/14 recommended none-certification.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Morphine he ER 30mg every AM and 60mb every afternoon #30 tabs each: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Morphine is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails the appropriate documentation of criteria. There is no proper documentation of improvement in pain, objective improvement in activity of daily living or monitoring or side effects. There is documentation of Urine drug screens but no appropriate screening questions or documentation of a pain contract.Patient takes up to 120MED(Morphine Equivalent Dose) in morphine ER alone and in addition to the Norco currently being taken 120MED a day, which exceeds to maximum safe amount of 120MED as per MTUS guidelines. The prescription for Morphine ER does not meet necessary MTUS documentation requirement and the amount of opioids exceed safe amount without proper documentation of monitoring. Morphine ER is not medically necessary.

Celebrex 200mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Celebrex is a COX-2 selective inhibitor, an NSAID. As per MTUS Chronic pain guidelines, COX-2 inhibitors like Celebrex are recommended only for patients with risk of gastrointestinal events like bleeds. There is no documentation of patient's other medical problems or any risks for GI events. The documentation fails to support any need for a COX-2 inhibitor. Celebrex is not medically necessary.

Norco 10/325 every 8hrs when necessary pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no proper documentation of improvement in pain, objective improvement in activity of daily living or monitoring or side effects. There is documentation of Urine drug screens but no appropriate screening questions or documentation of a pain contract.Patient takes up to 120MED(Morphine Equivalent Dose) in morphine ER alone and in addition to the Norco currently being taken 120MED a day, which exceeds to maximum safe amount of 120MED as per MTUS guidelines. The prescription for Morphine ER does not

meet necessary MTUS documentation requirement and the amount of opioids exceed safe amount without proper documentation of monitoring. Documentation does not support continued use of opioids. Norco is not medically necessary.

KW30 Cream x2 daily to low back times 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: KW30 cream is not an FDA approved medication but a compounded product that contains Ketoprofen/Cyclobenzaprine/Capsaicin/Menthol/Camphor 10/3/0.0375/2/1%.As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended."1) Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary.2) Cyclobenzaprine: Not recommended for topical application.2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended.3) Camphor/Menthol: Non active fillers that may have some topical soothing properties.The active ingredients are not recommended therefore this compounded ointment is not medically necessary.